## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF     COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
FREEDOM PR	OJECT; THE	<u> </u>
ADDRESS (number and s	631-B Pennsylvania Ave., SE	
(Check if address is changed)	Washington	DC 20003 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  kmcgrann@freedomproject.org	
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)  www.freedomproject.org	
<ol> <li>DATE M M M M M O. 1</li> <li>FEC IDENTIFICATION</li> <li>IS THIS STATEM</li> </ol>	2 6 2 0 1 1  TION NUMBER C C00305805	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct  Treasurer  Margee Clancy	and complete
Signature of Treasurer	Electronically Filed by Margee Clancy	Date 01 / 26 / YYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this St	
Office Use Only	For further information Federal Election Comm Toll Free 800-424-9530	ission FEC FORINI 1